

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 30/09/2021 15:29 (SGT)
Date of Accident 29/09/2021 18:45 (SGT)
Exact Location of Accident Singapore 322116
Additional Location Information JALAN TENTERAM MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV8012T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SHIN CHING(CHEN XUNQING)
NRIC No SXXXX504J
Email Address citizenpower555@gmail.com
Mobile Phone No (Phone) +65-98774597
Alternative Phone No +65-98774597

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00196082101
Cover Note Number -

DRIVER

Name of Driver TAN SHIN CHING(CHEN XUNQING)
NRIC No SXXXX504J

Date Of Birth	12/05/1989
Occupation	Indoor
Date Of Driving Pass	01/09/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-98774597
Alt. Phone Number	+65-98774597
Email Address	citizenpower555@gmail.com
Address	BLK 116B JALAN TENTERAM
Address complement	#22-547
Postcode	322116
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210930/7006

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX2000E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS


INJURED 1


Name of injured person	TAN SHIN CHING(CHEN XUNQING)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN
Injured person in which vehicle?	SMV8012T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

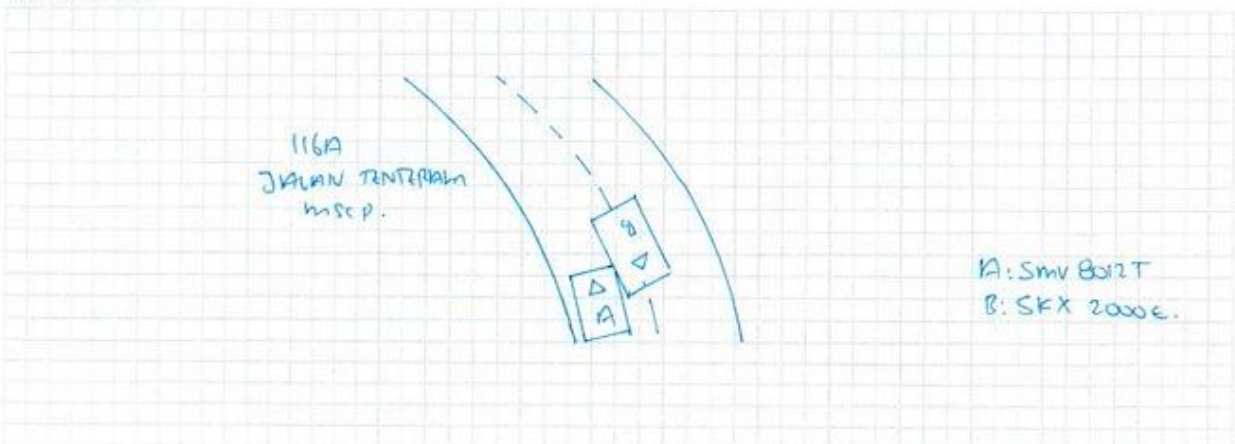
SKETCH PLANIMPORTANT NOTICE

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time

 20/09/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.


7/20210930/2006

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time


 20/09/21
Witnessed by Reporting Centre Personnel

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PROGRESS
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210930/7006

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Report No: T/20210930/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8012T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001545 82000	22/10/2020	21/10/2021


Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	
Use of Pedestrian Crossing: NA	
Driver	
Name	TAN SHIN CHING
ID No.	S8916504J
Related Vehicle	SMV8012T (Car)
Contact No.	98774597
Hospital/Clinic	NIL
Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL
No. of Days granted Medical Leave	03
Degree of	Serious

Brief Details.
 ON THE STATED DATE AND TIME, I WAS TRAVELING ALONG THE CARPARK. I SAW THE 3RD PARTY VEHICLE WAS APPROACHING INTO MY LANE AND I CAME TO A STOP TO ALLOW HIM TO PASS THROUGH. OUT OF A SUDDEN, THE 3RD PARTY VEHICLE COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.
 I FELT PAIN AFTER THE ACCIDENT AND WENT TO THE DOCTOR TO SEEK FOR PROFESSIONAL MEDICAL ADVISE AND WAS GIVEN 3 DAYS OF MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865



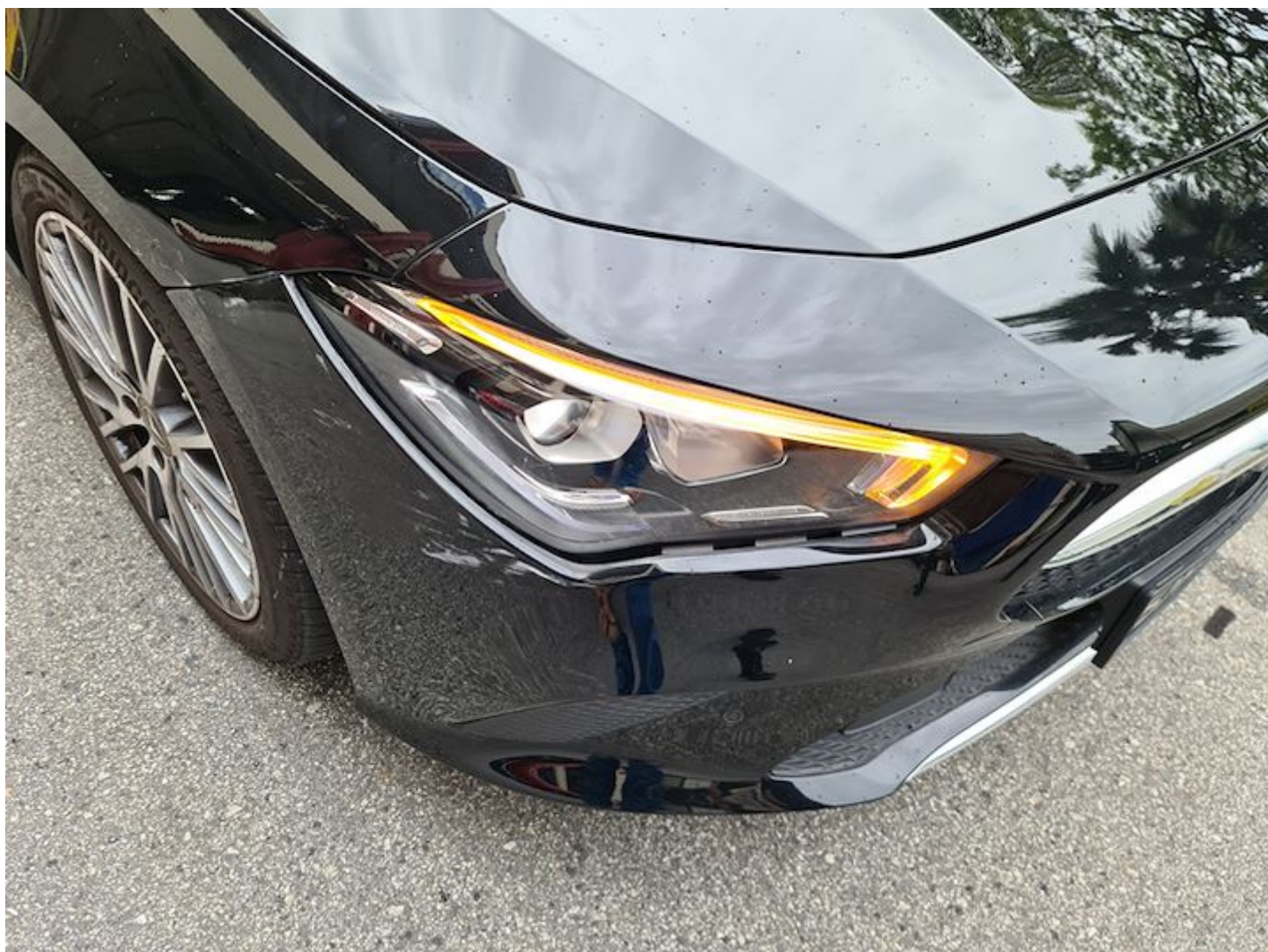
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Report No: T/20210930/7006





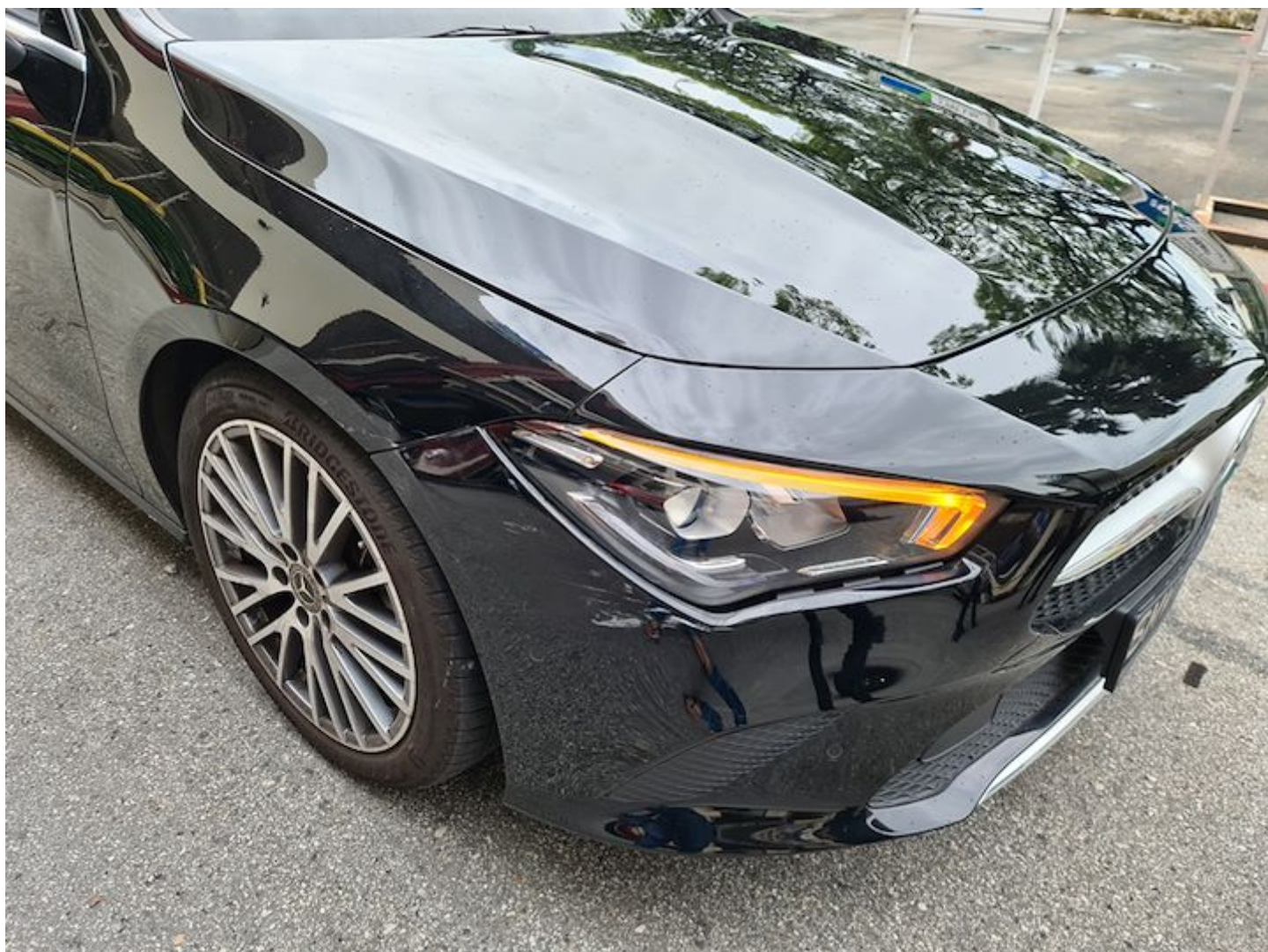






















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T/20210930/7006

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Report No: T/20210930/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2021 11:08 Vide Report No.: Station Diary No.:

Informant's Particulars

Name of Informant: TAN SHIN CHING		Address: 116B JALAN TENTERAM #22-547 SINGAPORE 322116	
ID Type / ID No.: NRIC NO / S8916504J		Contact No.: Home/Office: Mobile: 98774597	
Nationality: SINGAPORE CITIZEN		Email: SHINCHINGG@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 12/05/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Banker		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2021 16:45	Type of Location: Bend
Location: JALAN TENTERAM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKX2000E	Car					0
SMV8012T	Car	MERCEDES BENZ	CLA180 COUPE PROGRESSIVE	Black		0

SINGAPORE POLICE FORCE

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

T/20210930/7006

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Report No: T/20210930/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV8012T	CHINA TAIPING INSURANCE	DMPCSNW001545	22/10/2020	21/10/2021

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PROGRESSIVE

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T/20210930/7006

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Report No: T/20210930/7006

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SHIN CHING	ID No.	S8916504J
Related Vehicle	SMV8012T (Car)	Contact No.	98774597
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

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Report No: T/20210930/7006


11:09

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T/20210930/7006

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Report No: T/20210930/7006

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2021 11:08
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168

Open in...